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SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## ATTENTION



Failure to file notice in the appropriate states will not re exemption. Conversely, failure to file the appropriate fectors of an available state exemption state exemption unless su

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loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response... 1

NOTICE OF SALE OF SECURITIES OF STATE OF SECURITIES OF SEC

SEC USE ONLY								
Prefix		Serial						
DAT	E RECEI	VED						

~	is is an amendment and name has changed, and indicate	- ·
- PALLADIN IND	EX FUND I A LIMITED TARTHER	541P
Filing Under (Check box(es) th apply):	nat [V] Rule 504 [] Rule 505 [] Rule 506 [	[ ] Section 4(6) [ [ ] ULOE
Type of Filing: [ V New Filing	[ ] Amendment	
	A. BASIC IDENTIFICATION DATA	PROCESCED
1. Enter the information reques	ted about the issuer	SEP II C 2000
<u> </u>	s is an amendment and name has changed, and indiciate	change.)  THOMSON FINANCIAL
Address of Executive Offices Code)	(Number and Street, City, State, Zip Code) Te	elephone Number (Including Area
4001 S. DECGTUZ	BUB #37-220 LASVEGAS, NV. 8910=	3 702-740-0245
Code) (if different from Executive Office	ces)	Telephone Number (Including Area
1300 E. MAIN ST.	#107 HillsBORD, OR. 97123	503-681-2195
Drief Description of Description	,	
RESEARCH AND	DEVELOPMENT OF EQUITY MAKE	LET FORECASTING MODELS
Type of Business Organization		j
[ Corporation	[ ] limited partnership, already formed [	] other (please specify):
[ ] business trust	[ ] limited partnership, to be formed	
		4 1/1/16

Month Year

Actual or Estimated Date of Incorporation or Organization: [0]3] [0]2] [v] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation, for State:

CN for Canada; FN for other foreign jurisdiction) [N][v]

# **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class
    of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[Y Promoter	[v] Beneficial (	Owner [v]	Executive Offi	cer [1/	/ Director [	] General and/or Managing Partner	

Full Name (Last name first, if individual)

LUSK, JOHN KIRBY

Business or Residence Address (Number and Street, City, State, Zip Code)

1300 E. MAIN ST. #107 HILLSBORD, OR 97123

Check Box(es) that Apply: M Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
LUSK, JOHN COUN
Business or Residence Address (Number and Street, City, State, Zip Code)
8150 N. PENINSULAZ AV. PORTLAND, OR. 97217
Check Box(es) that Apply: [ Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner
Full Name (Last name first, if individual)
STRANDBERG, MICHAEL
Business or Residence Address (Number and Street, City, State, Zip Code)
1300 E. Main St, #101 HILLSBORD OR 97123
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ / Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
BRYANS, GARY
Business or Residence Address (Number and Street, City, State, Zip Code)
4001 S. DECATUR B/ND. #37-220 LAS VEGAS, NV. 89103
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ) Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
Williamson, David B.
Business or Residence Address (Number and Street, City, State, Zip Code)
230 COLUMNISIA AVE ST. HELENS, DR 97051
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ V General and/or Managing Partner
Full Name (Last name first, if individual)
PALLADIN CAPITAL MANAGETTENT, INC.
Business or Residence Address (Number and Street, City, State, Zip Code)
4001 S. DELGTUR BLUD. #37-220 LAS VELAS, NV. 89103
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

		·····		- American								
		***************************************			B. INFO	RMATIO	N ABOU	T OFFER	ING			
1. Has	the issu	er sold, c							tors in this	s offering	?	Yes No
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		•	•		Ì	-						
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Name of Associated Broker or Dealer

Business or Residence Address (Number and Street, City, State, Zip Code)

States							,					
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4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an

estimate and check the box to the left of the estimate.

Transfer Agent's Fees	/
Printing and Engraving Costs	[V]\$
Legal Fees	/
Accounting Fees	[N\$ 300
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)	[]\$
Other Expenses (identify)	[ ]\$
Total	A = 2.0000
b. Enter the difference between the aggregate offering price grand total expenses furnished in response to Part C - Question gross proceeds to the issuer."	given in response to Part C - Question 1 198,000 00 14.a. This difference is the "adjusted" \$
5. Indicate below the amount of the adjusted gross proceeds to be used for each of the purposes shown. If the amount for a furnish an estimate and check the box to the left of the estimatisted must equal the adjusted gross proceeds to the issuer se Question 4.b above.	any purpose is not known, ite. The total of the payments
Question 4.0 above.	December to
	Payments to Officers, Payments Directors, & To Affiliates Others
Outside and free	[1]
Salaries and fees	**************************************
Donah and of soul and d	11 11
Purchase of real estate	···· \$\$
Purchase, rental or leasing and installation of machinery and equipment	
Construction or leasing of plant buildings and facilities	[] [] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	
•	r1 r1
Repayment of indebtedness	··· \$\$
Working capital	\$\$_ <u></u>
Other (specify):	[] [] .
	<u> </u>
Column Totals	[] [] \$ \$
Total Payments Listed (column totals added)	
D. FEDERA	L SIGNATURE
The issuer has duly caused this notice to be signed by the uncestion of the following signature constitutes an undertaking by Commission, upon written request of its staff, the information for paragraph (b)(2) of Rule 502.	
Issuer (Print or Type)	Signature / / Date
PALLADIN CAPITAL MANGEMENT, INC	3/11/2002

http://www.sec.gov/divisions/corpfin/forms/formd.htm

8/11/2002

<u> </u>							
Name	of Signer (Print or T	/pe)		_	ner (Print or Type)	_	1
J	. KIRBY LU	SK		PRES	NDENT - CHAIRMA	WOSTHE BOA.	40
	/						1
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	intentional miss	tatements or omiss		constitute to 1001.)	ederal criminal violation	is. (See 18 U.S.C.	ŀ
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			E. STATE	SIGNATU	RE		
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	my party described in			o any or u	ne disqualification provision	ons of such Yes No.	3
		See A <sub>1</sub>	ppendix, Colu	mn 5, for sta	ite response.		
2. The	undersigned issuer h	ereby undertakes to	furnish to any	v state admir	nistrator of any state in w	hich this notice is file	ed a
	on Form D (17 CFR						,
3 The	undersigned issuer h	erebu undertokes to	furnish to the	state admir	istrators, upon written re	quest information	
	hed by the issuer to o		ramsn to the	state autim	istrators, upon written re	quest, mormation	
					onditions that must be sat otice is filed and underst		) the
					that these conditions have		
The ice	ever has read this not	ification and knows	the contents t	o ha trua on	d has duly caused this no	ting to be signed on it	t a
	by the undersigned of			o oc u uc an	a has dury caused this no	dec to be signed on it	ıs
							·3
· ~	(Print or Type)		,		Signature	Date	
42	MADIN CAPITA	AL MANAGER	PENT /n	C.	123/W	8/1/2002	.]
	of Signer (Print or Ty				Title (Print or Type)		]
	1. KIRBY L	USK			TRES à CHAIRI	DAN)	
<u> </u>					(		
Instruc	ction:						
Print t	he name and title of t	he sioning represent	ative under hi	is sionature :	for the state portion of thi	is form. One copy of	everv
notice	on Form D must be r	nanually signed. An			ned must be photocopies		
copy o	or bear typed or printe	ed signatures.					
<del> </del>							
	·····		APF	PENDIX			
1	2	3		4		5	7
		Type of security				Disqualification under State ULOE	1
1	1	1 . , po o ocounty [			1		1

	Intend to non-ac investors (Part B-l	credited in State	and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part		(if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	168	NO		investors	Amount	mvestors	Amount	169	INO
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http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002